

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11	1					
12		1				
13						
14		↓				
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	19	←		←		←
TOTAL CLAIMS	21					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						